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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/742,657
Filing Date	21 December 2000
First Named Inventor	Hidenori Nishikawa
Group Art Unit	2171
Examiner Name	
Attorney Docket Number	JP9 2000 0204 US1

Total Number of Pages in This Submission

4

**ENCLOSURES (check all that apply)**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Assignment Papers<br>(for an Application)                                     | <input type="checkbox"/> After Allowance Communications<br>to Group                           |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Reply                                      | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final<br>Claims/declaration(s)                   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                           | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Express Abandonment Request                            | <input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Changes of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please<br>Identify below):            |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Terminal Disclaimer   | <b>Associate Power of Attorney</b><br><b>RECEIVED</b><br>FFR 04 2002<br>Group 2100            |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)              | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 |  |   |

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual NameInternational Business Machines Corporation  
8501 IBM Drive, Intellectual Property Law Dept.  
Charlotte, NC 28262-4333

Signature

Norman L. Gundel Reg # 30387

Date

11/1/2001

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class.

Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Nov 01, 2001

Typed or printed name

James D. Palmer

Signature

James D. Palmer

Date

November 01, 2001

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT \$ 0.00

## Complete If Known

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## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge  
Indicated fees and credit any overpayment to:

Deposit Account Number **09-0469**  
Account Name

- ☒ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status.  
See 37 CFR 1.27

2. ☐ Payment Enclosed

☐ Check ☐ Credit card ☐ Money Order ☐ Other

Affirmation CALCULATIONS

## 1. BASIC FILING FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710 201 355		Utility filing fee	
106 320 206 160		Design filing fee	
107 490 207 245		Plant filing fee	
108 710 208 355		Reissue filing fees	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
-20** =	X		
Independent Claims - 3** =	X		
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18 203 9		Claims in excess of 20
102 80 202 40		Independent claims in excess of 3
104 270 204 135		Multiple dependent claim, if not paid
109 80 209 40		**Reissue independent claims over Original patent

SUBTOTAL (2) \$ 0.00

\*\* or number previously paid, if greater; For Reissue, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,250 147 2,250		For filing a request for ex parte reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 115 55		Extension for reply within first month	
116 390 216 195		Extension for reply within 2nd month	
117 890 217 445		Extension for reply within third month	
118 1,390 218 695		Extension for reply within fourth month	
128 1,890 228 945		Extension for reply within fifth month	
119 310 219 155		Notice of Appeal	
120 310 220 155		Filing a brief in support of an appeal	
121 270 221 135		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,240 241 620		Petition to revive - unintentional	
142 1,240 242 620		Utility issue fee (or reissue)	
143 440 243 220		Design issue fee	
144 600 244 300		Plant issue fee	
122 130 122 130		Petition to the Commissioner	
123 50 123 50		Processing fee under 37 CFR 1.117(q)	
126 180 126 180		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per Property (times number of properties)	
146 710 246 355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710 249 355		For each additional invention to be Examined (37 CFR § 1.129(b))	
179 710 279 355		Request for continued Examination (RCE)	
169 900 169 900		Request for expedited examination Of a design application	

Other fee (specify)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$ 0.00

## SUBMITTED BY

Name (Print/Type)	Norman L. Gundel	Registration No. (Attorney/Agent)	30,387	Telephone	(704) 594-8302
Signature	Norman L. Gundel	Date	Nov 1, 2001		